FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

## IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

	COMPLAINT	SOUTHERN DISTRICT OF MISSISSI
Fre (First forr (Instit 55 / (Addr (Enter ab	Name) (Identification Number)  derick Eugene  Name) (Middle Name)  est County Keylonal Jail  ution)  reng Drive Hburg Miss.	AUG 1 4 2019  ARTHUR JOHNSTON BY  DEPL
For Sa Bil	v. CIVIL ACTION NUMBER: 2:190 (to be considered to the considered	y 117-K5-MT7  inpleted by the Court)
(Enter the	e full name of the defendant(s) in this action)	
	GENERAL INFORMATION	
A.	At the time of the incident complained of in this complaint, were you Yes ( No ( )	ı incarcerated?
B.	Are you presently incarcerated? Yes ( No ( )	
C.	At the time of the incident complained of in this complaint, were you you had been convicted of a crime?  Yes ( ) No ( )	incarcerated because
D.	Are you presently incarcerated for a parole or probation violation? Yes ( ) No ( )	
E.	At the time of the incident complained of in this complaint, were your Mississippi Department of Corrections (MDOC)?  Yes ( ) No ( )	you an inmate of the
F.	Are you currently an inmate of the Mississippi Department of Correct Ves ( No. ( )	etions (MDOC)?

## **PARTIES**

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Na	me of plaintiff: Frederick E. Smith Prisoner Number: 55535
Ad	dress: 65 Arena Drive Hattiesburg, Miss. 39401
_	
secon name II. De	em II below, place the full name of the defendant in the first blank, his official position in the defendant, and his place of employment in the third blank. Use the space below item II for the se, positions and places of employment of any additional defendants.)  In the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the first blank, his official position in the defendant in the firs
new a plaint	ddress of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the diff is required to complete the portion below:
	NTIFF:
	Tral Miss Correction Facility 3794 Hwy 468 Pearl Ms. 39208 04 Scotland Circle Hattiesburg, Miss. 39401 ENDANT(S):
NAM Fores	Flority adult Ostention lenter 55 arma Dieve Hattalure Adishippi 39401

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A.	Have	you ever filed any lawsuits in a court of the United States? Yes ( ) No (	
В.	If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)		
CASE	E NUME	BER 1.	
	1.	Parties to the action:	
	2.	Court (if federal court, name the district; if state court, name the county):	
	3.	Docket Number:	
	4.	Name of judge to whom case was assigned:	
	5.	Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)	
CASE	E NUME	BER 2.	
	1.	Parties to the action:	
	2.	Court (if federal court, name the district; if state court, name the county):	
	3.	Docket Number:	
	4.	Name of judge to whom case was assigned:	
	5.	Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)	
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III.	State here as briefly as possible the facts of your case. Describe how each defendant is
	involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of
	different claims, number and set forth each claim in a separate paragraph. (Use as much
	space as you need; attach extra sheet(s) if necessary). Was sent to a eye doctor by Nurse Lise and
	was told that I needed surgery to remove growth
	from both eyes on March 13,2019. I was sent to
	Souther Eye Center July 30,2019 and was told
	that another appointment was scheduled. Its been
	8 months and I have had migraine houdaches, and
	have not got any medical health from the medical
	staff at Forrest County Regional Jail.
	RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes. Seeking money? for enadequate health care and pain and suffering for not providing medical attention and my eyes have got worse from not getting any medical attention from the staff.

Signed this 5th day of August, 20 19.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true

Signature of plaintiff

and correct.

page 1 I Frederick Smith #55535 a inmote at Forest County Regional Jail came here September 18, 2018. I saw D anuary 2019 about aged from . I kinally do thent March 13,2019 at enter. I had mu eur ! dose to those reformed heyes, and get eye glasses s grevance, and couple of months outher Eus Center my eyer dialated again by Newse o Durbary. oppointment outhern Eug Conter

Case 2:19-cv-00117-KS-MTP Document 1 Filed 08/14/19 Page 6 of 7
Rage 2
thing for headache. I am filing this lawshit prenadequate health cove and
lawshit prenadequate health core and
pain and suffering. Due to my lack of
knowledge about filling this lawswit form
out I ask the court to help me with any
thing I did not do correctly. I am
seeking \$50,000 in damages.
Respectfully Sulmitted.
Frederick Smith#55535

Page 3

This is in regard to my address situation of at the time of filing this lawsuit was a immote at threat Country adult Detention Center. I was sentenced to 4 years to sen or about July 13, 2019. I have been in jox since September 18, 2019 which at the plesent time I have served 1/months on a 25% of 4 years is 12 months. I am saying this ecourse I am going to Central Mississippi Correctional Facility to be processed then peroled out from there. I have sent the address to that Facility and also my home address. I have been sentenced now 4 weeks so I should be sent Central Miss. Correctional Facility by the time the U.S. District Court of Clerk gets this letter. I stated that my lack of knowledge of filling out this lowsent form. If there sany corrections I need to make please address them to me when you wate me lock with the next step

> Respectfully Submitted Frooleick Smith #55535